PART B - FEE(S) TRANSMITTAL

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56352 7590 03/16/2007					Certificate of Mailing or Transmission					
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MOUNTAIN V	IEW, CA 94043							(Depositor's n	ame)	
								(Signa	sture)	
								(1	Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT			ATTORN	EY DOCKET NO.	CONFIRMATION NO	,.	
10/561,722 12/20/2005		Daowel Fei			CYN-104		9794			
TITLE OF INVENTION	: MULTIFUNCTIONAL	L HEALTH PROTECTIO				•		_		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700	\$300		\$0		\$1000	06/18/2007		
EXAMINER		ART UNIT	CLASS-SUBCLASS							
BERRY, WILLIE WENDELL JR 3643 1. Change of correspondence address or indication of "Fee Address" (37)			119-852000	ho ne	stant front naga list			1 - 0 .		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
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(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
TOPPOR 1	Rm. 3-25, Chuanye Bldg., Yuanski Rd. Ningbo, Zhejiang									
315040 . China Please check the appropriate assignee category or categories (will not be printed on the patent): Individual 🗷 Corporation or other private group entity Individual 🗷 Corporation or other private group entity									nent	
4a. The following fee(s) A Issue Fee Publication Fee (N Advance Order	Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).									
_ ~ .	tus (from status indicated	<i>'</i>	☐ b. Applicant is no	lone	per claiming SMAL	L ENTII	Y status. Sec 37 C	FR 1.27(g)(2).		
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submitting the complete, this form and/or suggest: Box 1450, Alexandria, V Alexandria, Virginia 223	d application form to the ions for reducing this buy irginia 22313-1450. DC 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	depending upon the lack of the	ffice S TC	r, U.S. Patent and T O THIS ADDRESS.	Frademar SEND	n the amount of th	artment of Commerce, for Patents, P.O. Box 1	Diete	